PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10734642

1	CLAIMS AS FILED - PART					•.	SMALL ENTITY			OTHE	R THAN		
	TOTAL CLAIN		(Column 1)		(Column 2)		TYPE.			SMALL			
11-				24				RATE	FEE		RATE	FEE	
	OR	·	NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	€ 385.0	OA	BASIC FE	770.00	
	TOTAL CHARGEABLE CLAIMS			21 minus 20= 1		* 4		X\$ 9=		OR	·X\$18=	7200	
11-	INDEPENDENT CLAIMS 4 minus 3				*	1		X43=		OR	X86=	86.00	
L	ULTIPLE DEP]	+145=		OR	+290=					
* 1	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	 	OR	TOTAL	928 5	
	CLAIMS AS AMENDED - PART II						•	OTHER THAN					
	· · ·	(Column 1) CLAIMS	7	(Colum				SMALL	ENTITY		SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	TIONA FEE		RATE	. ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***] -		X43=		OR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=		
								TOTAL	ļ	OR	TOTAL		
					:.		,	ADDIT. FEE	L	JOR .	ADDIT. FEE	<u> </u>	
		(Column 1)	7	(Columi		(Column 3)	1 r			-, ₍			
AMENDMENT B		REMAINING AFTER AMENDMENT	. ,	NUMBE PREVIOU PAID FO	ER JSLY.	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus ⁻	***		=		X43=		OR	X86=		
	FIRST PRESE	PENDENT C	CLAIM										
								+145=		OR	+290=		
							Д	TOTAL DDIT. FEE		OR A	TOTAL DDIT, FEE		
·,		(Column 1)		(Column		(Column 3)			•				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
1 K	ndependent	*	Minus	***		=	<i> </i>	X43=		. 	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR _			
	.	4 *- 4					-	+145=		QR .	+290=		
** If t	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20," *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR AC	TOTAL DIT. FEE		
Th	ne "Highest Num e "Highest Numl	nber Previously Pai per Previously Paid	d For" IN THIS For" (Total or	SPACE is le Independent)	ss than is the h	3, enter "3." ighest number t		OIT. FEE L	opriate box				